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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Caritas District of Columbia, Inc.

(Name)

NAIC Group Code 00936 (Current Period) , 00936 (Prior Period) NAIC Company Code 15088 Employer's ID Number 46-1480213

Organized under the Laws of District of Columbia, State of Domicile or Port of Entry District of Columbia

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 11/30/2012 Commenced Business 03/18/2013

Statutory Home Office 1250 Maryland Avenue, S.W., Suite 500 (Street and Number), Washington, DC, US 20024 (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Mail Address 1250 Maryland Avenue, S.W., Suite 500 (Street and Number or P.O. Box), Washington, DC, US 20024 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealthcaritasdc.com

Statutory Statement Contact Terrence James Cunningham (Name), 202-326-8740 (Area Code) (Telephone Number) (Extension)
tcunningham@amerihealthcaritasdc.com (E-Mail Address) 202-408-0166 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne #	Treasurer	Robert Edward Tootle, Esquire	Secretary

OTHER OFFICERS

Russell Raymond Gianforcaro	President	Karen Margaret Dale	Market President
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DIRECTORS OR TRUSTEES

Michael John Burgoyne #	Steven Harvey Bohner	Marilyn Lee Eckley #
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State of Pennsylvania
County of Philadelphia

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Burgoyne
Treasurer

Robert Edward Tootle, Esquire
Secretary

Subscribed and sworn to before me this
day of February, 2019

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	7,532,299		7,532,299	.0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$68,292,998 , Schedule E-Part 1), cash equivalents (\$10,890,442 , Schedule E-Part 2) and short-term investments (\$22,534,250 , Schedule DA).....	101,717,690		101,717,690	129,925,559
6. Contract loans (including \$ premium notes).....			.0	.0
7. Derivatives (Schedule DB).....	.0		.0	.0
8. Other invested assets (Schedule BA) .....	.0		.0	.0
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11)	109,249,989	.0	109,249,989	129,925,559
13. Title plants less \$ charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued	253,934		253,934	109,374
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	13,216,573		13,216,573	14,479,821
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$ ..... ) .....			.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			.0	.0
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon	1,385,895		1,385,895	.59,656
18.2 Net deferred tax asset.....	4,431,520	2,603,675	1,827,845	1,160,172
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software.....	40		40	.8,057
21. Furniture and equipment, including health care delivery assets (\$)	50,577	50,577	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates .....			.0	.0
24. Health care (\$2,496,300) and other amounts receivable.....	6,658,322	4,162,022	2,496,300	.891,101
25. Aggregate write-ins for other-than-invested assets	5,467,289	6,646,855	(1,179,566)	(1,451,774)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	140,714,139	13,463,129	127,251,010	145,181,966
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	140,714,139	13,463,129	127,251,010	145,181,966
DETAILS OF WRITE-INS				
1101. ....			.0	.0
1102. ....			.0	.0
1103. ....			.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	.0	.0	.0	.0
2501. Prepaid Expenses.....	379,870	379,870	.0	.0
2502. Leasehold Improvement.....	3,558,857	3,558,857	.0	.0
2503. Intangible Assets.....	1,904,761	1,904,761	.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page	(376,199)	.803,367	(1,179,566)	(1,451,774)
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,467,289	6,646,855	(1,179,566)	(1,451,774)

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	63,320,013		63,320,013	67,272,324
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	753,666		753,666	660,437
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	1,100,000		1,100,000	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	3,984,840		3,984,840	530,389
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)).....			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	2,443,144		2,443,144	6,248,931
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	11,568,970	0	11,568,970	10,532,190
24. Total liabilities (Lines 1 to 23).....	83,170,633	0	83,170,633	85,244,271
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	9,502,858
26. Common capital stock	XXX	XXX	100	100
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	51,999,900	41,999,900
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(7,919,623)	8,434,837
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	44,080,377	59,937,695
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	127,251,010	145,181,966
DETAILS OF WRITE-INS				
2301. Stale Dated Checks.....	299,704		299,704	256,011
2302. Premium Assessment.....	11,269,266		11,269,266	10,276,179
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	11,568,970	0	11,568,970	10,532,190
2501. Subsequent Year Affordable Care Act Assessment.....	XXX	XXX		9,502,858
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	9,502,858
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,445,720	1,315,484
2. Net premium income (including \$0 non-health premium income).....	XXX	563,484,513	507,178,501
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	563,484,513	507,178,501
Hospital and Medical:			
9. Hospital/medical benefits		232,754,404	193,653,952
10. Other professional services		131,840,139	111,910,453
11. Outside referrals			0
12. Emergency room and out-of-area		49,047,003	46,466,270
13. Prescription drugs		69,787,380	47,569,745
14. Aggregate write-ins for other hospital and medical	0	7,354,809	6,948,176
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	490,783,735	406,548,596
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	490,783,735	406,548,596
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$17,237,058 cost containment expenses.....		21,966,351	18,511,695
21. General administrative expenses.....		67,861,994	50,938,321
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		1,100,000	0
23. Total underwriting deductions (Lines 18 through 22)	0	581,712,080	475,998,612
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(18,227,567)	31,179,889
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		2,338,830	1,440,904
26. Net realized capital gains (losses) less capital gains tax of \$6,345			13,835
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,345,175	1,454,739
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(15,882,392)	32,634,628
31. Federal and foreign income taxes incurred	XXX	(725,437)	11,572,172
32. Net income (loss) (Lines 30 minus 31)	XXX	(15,156,955)	21,062,456
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Durable Medical Equipment.....		3,587,043	3,199,269
1402. Alternative Medical Cost.....		2,478,125	2,264,452
1403. Health Ed. and Pop. Mgmt.....		609,022	798,305
1498. Summary of remaining write-ins for Line 14 from overflow page	0	680,619	686,150
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	7,354,809	6,948,176
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	59,937,695	72,198,599
34. Net income or (loss) from Line 32	(15,156,955)	21,062,456
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	272,318	272,069
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	1,623,034	(2,271,788)
39. Change in nonadmitted assets	(6,695,715)	2,676,359
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in	10,000,000	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders	(5,900,000)	(34,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(15,857,318)	(12,260,904)
49. Capital and surplus end of reporting year (Line 33 plus 48)	44,080,377	59,937,695
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations		1 Current Year	2 Prior Year
1. Premiums collected net of reinsurance		564,747,761	498,170,793
2. Net investment income		2,190,893	1,331,530
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		566,938,654	499,502,323
5. Benefit and loss related payments		499,248,170	406,342,246
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
7. Commissions, expenses paid and aggregate write-ins for deductions		91,463,671	66,189,492
8. Dividends paid to policyholders			0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		600,802	11,286,000
10. Total (Lines 5 through 9)		591,312,643	483,817,738
11. Net cash from operations (Line 4 minus Line 10)		(24,373,989)	15,684,585
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		0	0
12.2 Stocks		0	0
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		6,455	13,695
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		6,455	13,695
13. Cost of investments acquired (long-term only):			
13.1 Bonds		7,528,922	0
13.2 Stocks		0	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		7,528,922	0
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(7,522,467)	13,695
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		10,000,000	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
16.5 Dividends to stockholders		5,900,000	34,000,000
16.6 Other cash provided (applied)		(411,413)	(107,054)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		3,688,587	(34,107,054)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(28,207,869)	(18,408,774)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		129,925,559	148,334,333
19.2 End of year (Line 18 plus Line 19.1)		101,717,690	129,925,559

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth Caritas District of Columbia, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	563,484,513	37,584,166	0	0	0	0	0	525,900,347	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	563,484,513	37,584,166	0	0	0	0	0	525,900,347	0	0
8. Hospital/medical benefits	232,754,404	24,908,139						207,846,265		XXX
9. Other professional services	131,840,139	12,817,750						119,022,389		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	49,047,003	649,975						48,397,028		XXX
12. Prescription drugs	69,787,380	11,984,847						57,802,533		XXX
13. Aggregate write-ins for other hospital and medical.....	7,354,809	371,962	0	0	0	0	0	6,982,847	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14)	490,783,735	50,732,673	0	0	0	0	0	440,051,062	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	490,783,735	50,732,673	0	0	0	0	0	440,051,062	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$17,237,058 cost containment expenses.....	21,966,351	614,066						21,352,285		
20. General administrative expenses	67,861,994	4,626,538						63,235,456		
21. Increase in reserves for accident and health contracts	1,100,000							1,100,000		XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	581,712,080	55,973,277	0	0	0	0	0	525,738,803	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(18,227,567)	(18,389,111)	0	0	0	0	0	161,544	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Durable Medical Equipment.....	3,587,043	371,962						3,215,081		XXX
1302. Alternative Medical Cost.....	2,478,125							2,478,125		XXX
1303. Health Ed. and Pop Mgmt	609,022							609,022		XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	680,619	0	0	0	0	0	0	680,619	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	7,354,809	371,962	0	0	0	0	0	6,982,847	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	37,584,166			37,584,166
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....	525,900,347			525,900,347
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8)	563,484,513	.0	.0	563,484,513
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	563,484,513	0	0	563,484,513

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AmeriHealth Caritas District of Columbia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct	499,248,170	47,622,405						451,625,765		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	499,248,170	47,622,405	0	0	0	0	0	451,625,765	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	63,320,013	6,489,422	0	0	0	0	0	56,830,591	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	63,320,013	6,489,422	0	0	0	0	0	56,830,591	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a).....	4,512,124	244,561						4,267,563		
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	67,272,324	3,134,593	0	0	0	0	0	64,137,731	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	67,272,324	3,134,593	0	0	0	0	0	64,137,731	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	490,783,735	50,732,673	0	0	0	0	0	440,051,062	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	490,783,735	50,732,673	0	0	0	0	0	440,051,062	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	8,811,582	695,909						8,115,673		
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	8,811,582	695,909	0	0	0	0	0	8,115,673	0	0
2. Incurred but Unreported:										
2.1. Direct	54,508,431	5,793,513						48,714,918		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	54,508,431	5,793,513	0	0	0	0	0	48,714,918	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0									
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	63,320,013	6,489,422	0	0	0	0	0	56,830,591	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	63,320,013	6,489,422	0	0	0	0	0	56,830,591	0	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	3,597,653	44,442,603	25,708	6,463,714	3,623,361	3,134,593
2. Medicare Supplement .....					.0	.0
3. Dental Only.....					.0	.0
4. Vision Only.....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid.....	48,766,762	404,587,350	1,623,761	55,206,830	50,390,523	64,137,731
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	52,364,415	449,029,953	1,649,469	61,670,544	54,013,884	67,272,324
10. Healthcare receivables (a).....	2,182,500	4,475,822			2,182,500	.0
11. Other non-health.....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	50,181,915	444,554,131	1,649,469	61,670,544	51,831,384	67,272,324

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	9,736	9,881	10,115	10,115	10,115
2. 2014	14,142	16,649	17,120	17,193	17,193
3. 2015	XXX	15,221	16,794	16,822	16,799
4. 2016	XXX	XXX	18,391	20,091	20,070
5. 2017	XXX	XXX	XXX	26,654	30,295
6. 2018	XXX	XXX	XXX	XXX	43,780

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	9,748	9,881	10,115	10,115	10,115
2. 2014	16,255	16,516	17,120	17,193	17,193
3. 2015	XXX	17,763	16,973	16,822	16,799
4. 2016	XXX	XXX	20,992	20,357	20,070
5. 2017	XXX	XXX	XXX	29,522	30,321
6. 2018	XXX	XXX	XXX	XXX	50,244

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	0	17,193	728	4.2	17,921	0.0			17,921	0.0
2. 2015.....	21,415	16,799	917	5.5	17,716	82.7			17,716	82.7
3. 2016.....	23,010	20,070	753	3.8	20,823	90.5			20,823	90.5
4. 2017.....	28,791	30,295	416	1.4	30,711	106.7	25		30,736	106.8
5. 2018	37,584	43,780	581	1.3	44,361	118.0	6,464	78	50,903	135.4

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.0	.0	.0	.0	.0
2. 2014	763	248	32	.0	.0
3. 2015	XXX	.0	.0	.0	.0
4. 2016	XXX	XXX	.0	.0	.0
5. 2017	XXX	XXX	XXX	.0	.0
6. 2018	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	.0	.0	.0	.0	.0
2. 2014	1,430	.0	.0	.0	.0
3. 2015	XXX	.0	.0	.0	.0
4. 2016	XXX	XXX	.0	.0	.0
5. 2017	XXX	XXX	XXX	.0	.0
6. 2018	XXX	XXX	XXX	XXX	0

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	1,605	.0	.786	.0.0	.786	49.0			.786	49.0
2. 2015.....	(67)	.0	.104	.0.0	.104	(155.2)			.104	(155.2)
3. 2016.....	.0	.0	.0	.0.0	.0	.0.0			.0	.0.0
4. 2017.....	.0	.0	.0	.0.0	.0	.0.0			.0	.0.0
5. 2018	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	199,767	200,808	201,022	201,022	201,022
2. 2014	294,331	340,067	340,568	341,149	341,149
3. 2015	XXX	301,786	354,557	354,589	354,485
4. 2016	XXX	XXX	316,122	356,895	357,080
5. 2017	XXX	XXX	XXX	336,176	382,679
6. 2018	XXX	XXX	XXX	XXX	400,774

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	200,317	200,808	201,022	201,022	201,022
2. 2014	341,968	341,813	340,568	341,149	341,149
3. 2015	XXX	367,334	357,821	354,589	354,485
4. 2016	XXX	XXX	376,819	357,763	357,080
5. 2017	XXX	XXX	XXX	399,445	384,303
6. 2018	XXX	XXX	XXX	XXX	455,981

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014.....	445,412	341,149	16,602	4.9	357,751	80.3			357,751	80.3
2. 2015.....	455,980	354,485	19,856	5.6	374,341	82.1			374,341	82.1
3. 2016.....	470,907	357,080	17,447	4.9	374,527	79.5			374,527	79.5
4. 2017.....	478,387	382,679	17,926	4.7	400,605	83.7	1,624		402,229	84.1
5. 2018	525,900	400,774	21,292	5.3	422,066	80.3	55,207	676	477,949	90.9

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	209,503	210,689	211,137	211,137	211,137
2. 2014	309,236	356,964	357,720	358,342	358,342
3. 2015	XXX	317,007	371,351	371,411	371,284
4. 2016	XXX	XXX	334,513	376,986	377,150
5. 2017	XXX	XXX	XXX	362,830	412,974
6. 2018	XXX	XXX	XXX	XXX	444,554

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	210,065	210,689	211,137	211,137	211,137
2. 2014	359,653	358,329	357,688	358,342	358,342
3. 2015	XXX	385,097	374,794	371,411	371,284
4. 2016	XXX	XXX	397,811	378,120	377,150
5. 2017	XXX	XXX	XXX	428,967	414,624
6. 2018	XXX	XXX	XXX	XXX	506,225

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014	447,017	358,342	18,116	5.1	376,458	84.2	.0	.0	376,458	84.2
2. 2015	477,328	371,284	20,877	5.6	392,161	82.2	.0	.0	392,161	82.2
3. 2016	493,917	377,150	18,200	4.8	395,350	80.0	.0	.0	395,350	80.0
4. 2017	507,178	412,974	18,342	4.4	431,316	85.0	1,649	.0	432,965	85.4
5. 2018	563,484	444,554	21,873	4.9	466,427	82.8	61,671	754	528,852	93.9

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	1,100,000							1,100,000	
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross)	1,100,000	.0	.0	.0	.0	.0	.0	1,100,000	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	1,100,000	0	0	0	0	0	0	1,100,000	0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$1,100,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)	130,306	94,793	3,519,430		3,744,529
2. Salaries, wages and other benefits	10,233,716	2,673,602	22,553,572		35,460,890
3. Commissions (less \$ceded plus \$assumed)					0
4. Legal fees and expenses	9,418	6,819	299,376		315,613
5. Certifications and accreditation fees	9,323	10,438	65,940		85,701
6. Auditing, actuarial and other consulting services	24,733	145,468	349,771		519,972
7. Traveling expenses	231,938	49,759	436,524		718,221
8. Marketing and advertising	634,292	9,606	214,739		858,637
9. Postage, express and telephone	101,061	45,537	502,189		648,787
10. Printing and office supplies	510,079	12,633	265,315		788,027
11. Occupancy, depreciation and amortization	403,928	289,759	4,605,850		5,299,537
12. Equipment	22,291	16,112	244,598		283,001
13. Cost or depreciation of EDP equipment and software	61		8,033		8,094
14. Outsourced services including EDP, claims, and other services	2,621,556	908,576	4,903,057		8,433,189
15. Boards, bureaus and association fees	451		15,482		15,933
16. Insurance, except on real estate	671	876	192,665		194,212
17. Collection and bank service charges	449	325	24,158		24,932
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes	4,002	2,897	33,815		40,714
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			15,833,874		15,833,874
23.3 Regulatory authority licenses and fees			38,744		38,744
23.4 Payroll taxes	668,884	200,919	1,530,783		2,400,586
23.5 Other (excluding federal income and real estate taxes)			10,160,428		10,160,428
24. Investment expenses not included elsewhere				90,732	90,732
25. Aggregate write-ins for expenses	1,629,899	261,174	2,063,651	0	3,954,724
26. Total expenses incurred (Lines 1 to 25)	17,237,058	4,729,293	67,861,994	90,732	(a) 89,919,077
27. Less expenses unpaid December 31, current year	591,404	162,262	3,984,840		4,738,506
28. Add expenses unpaid December 31, prior year	534,417	126,020	530,389	0	1,190,826
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	17,180,071	4,693,051	64,407,543	90,732	86,371,397
DETAILS OF WRITE-INS					
2501. Consulting.....	625,523		5,980		631,503
2502. Miscellaneous expenses.....	313,983	261,174	496,460		1,071,617
2503. Donations.....	58,797		40,673		99,470
2598. Summary of remaining write-ins for Line 25 from overflow page	631,596	0	1,520,538	0	2,152,134
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	1,629,899	261,174	2,063,651	0	3,954,724

(a) Includes management fees of \$32,515,951 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....	.....
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a).....52,243	.....66,958
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....0	.....
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....1,794,023	.....2,362,604
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	1,846,266	2,429,562
11.	Investment expenses		(g).....90,732
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....90,732
17.	Net investment income (Line 10 minus Line 16)		2,338,830
DETAILS OF WRITE-INS			
0901.	.....		.....
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$3,377 accrual of discount less \$amortization of premium and less \$1,449 paid for accrued interest on purchases.
(b) Includes \$accrual of discount less \$amortization of premium and less \$0 paid for accrued dividends on purchases.
(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$1,449 paid for accrued interest on purchases.
(d) Includes \$for company's occupancy of its own buildings; and excludes \$interest on encumbrances.
(e) Includes \$202 accrual of discount less \$1,678 amortization of premium and less \$4,006 paid for accrued interest on purchases.
(f) Includes \$accrual of discount less \$amortization of premium.
(g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$interest on surplus notes and \$interest on capital notes.
(i) Includes \$depreciation on real estate and \$depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0		
1.1	Bonds exempt from U.S. tax .....			.....0		
1.2	Other bonds (unaffiliated) .....			.....0		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....	.....6,345		.....6,345	.....109	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....272,208	.....0
10.	Total capital gains (losses)	6,345	0	6,345	272,317	0
DETAILS OF WRITE-INS						
0901.	Goodwill amortization.....			.....0	.....272,208	
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	272,208	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	2,603,675	1,648,314	(955,361)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	50,577	87,590	37,013
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	4,162,022	1,255,097	(2,906,925)
25. Aggregate write-ins for other-than-invested assets	6,646,855	3,776,413	(2,870,442)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	13,463,129	6,767,414	(6,695,715)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	13,463,129	6,767,414	(6,695,715)
DETAILS OF WRITE-INS			
1101.		0	0
1102.		0	0
1103.		0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses.....	379,870	306,580	(73,290)
2502. Intangible Assets.....	1,904,761	3,121,567	1,216,806
2503. Deposits.....	803,367	348,266	(455,101)
2598. Summary of remaining write-ins for Line 25 from overflow page	3,558,857	0	(3,558,857)
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	6,646,855	3,776,413	(2,870,442)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	117,320	117,228	119,659	120,262	122,878	1,445,720
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	117,320	117,228	119,659	120,262	122,878	1,445,720
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices
The financial statements of AmeriHealth Caritas District of Columbia, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB).

The District of Columbia DISB recognizes only statutory accounting practices prescribed or permitted by the Government of District of Columbia for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under District of Columbia Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the Government of District of Columbia. The Government has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. As of December 31, 2018, these prescribed or permitted accounting practices are not applicable to the Company.

A reconciliation of the Company's net (loss)income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Government of District of Columbia is shown below:

	SSAP #	F/S Page	F/S Line#	2018	2017
<u>NET INCOME</u>					
(1) AmeriHealth Caritas District of Columbia, Inc. state basis (Page 4, Line 32, Columns 2 & 3)				\$..... (15,156,955)	\$.....21,062,456
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$..... 0	\$.....0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$..... 0	\$.....0
(4) NAIC SAP (1-2-3=4)				<u>\$..... (15,156,955)</u>	<u>\$.....21,062,456</u>
<u>SURPLUS</u>					
(5) AmeriHealth Caritas District of Columbia, Inc. state basis (Page 3, Line 33, Columns 3 & 4)				\$.....44,080,377	\$.....59,937,695
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$..... 0	\$.....0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$..... 0	\$.....0
(8) NAIC SAP (5-6-7=8)				<u>\$.....44,080,377</u>	<u>\$.....59,937,695</u>

- B. Use of Estimates in the Preparation of the Financial Statements
The preparation of financial statements in conformity with accounting practices prescribed or permitted by the District of Columbia DISB requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

- C. Accounting Policy
The Company uses the following accounting policies:
- (1) Short-term investments are stated at amortized cost.
 - (2) Bonds and other debt instruments are stated at amortized cost or at values prescribed by the District of Columbia DISB. Bonds with an NAIC designation of 3 through 6 are reported at the lower of amortized cost or fair value. The amortized cost of bonds is adjusted for amortization of premiums and accretion of discounts using the scientific-interest method. Realized investment gains and losses on the sale of investments are recognized on the specific identification basis as of the trade date. Realized losses also include losses for fair value declines that are considered to be other than temporary. Interest income is recognized when earned.
 - (3) Common Stocks – None
 - (4) Preferred Stock – None
 - (5) Mortgage Loans – None
 - (6) Loan-backed securities – None
 - (7) Investments in subsidiaries, controlled and affiliated (SCA) entities – None
 - (8) Investments in joint ventures, partnerships and limited liability companies – None
 - (9) Derivatives – None
 - (10) Anticipated investment income as a factor in premium deficiency calculation – None
 - (11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – Accrued medical expenses and unpaid claims adjustment expenses include medical expenses billed and not paid, an estimate for costs incurred but not reported (IBNR), and estimated costs to process these claims. To estimate the IBNR balance the Company uses the triangulation method. The method of triangulation uses estimates of completion factors, which are then applied to the total paid claims net of coordination of benefits to date for each incurred month. This provides an estimate of the total projected incurred claims and total amount outstanding of claims incurred but not reported. Consideration is also given to changes in turnaround time and claims processing, which may impact completion factors. Substantially all of the IBNR balance as of December 31, 2018 relates to the current year.

The Company determines IBNR in accordance with actuarial principles and assumptions that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. Actuarial Standards of Practice require that the liabilities be adequate under moderately adverse circumstances. Actuarial estimates are based upon authorized healthcare services, past claims payment experience, member census, and other relevant factors. The Company consistently applies its reserving methodology from period to period and periodically reviews actual and anticipated experience compared to the assumptions used to establish medical costs.

While the Company believes the accrual for medical expenses is adequate, actual results could differ from such estimates. The Company recognizes any change in estimates in medical and hospital expenses in the period in which the change is identified.

- (12) Fixed asset capitalization policy modifications – Furniture and leasehold improvements are designated as "non-admitted assets" and are charged directly to capital and surplus. Electronic data processing (EDP) equipment exceeding three percent of statutory capital and surplus for the most recently filed statement with the District of Columbia DISB (adjusted to exclude EDP equipment and deferred taxes) are designated as non-admitted assets and are charged directly to capital and surplus. Depreciation is calculated on a straight-line basis over the estimated useful life of the assets, which ranges from three to seven years. Leasehold improvements are amortized on a straight-line basis over the shorter of the lease term or estimated useful life of the asset. Maintenance and repairs are charged to operations when incurred.
- (13) Pharmaceutical Rebates - Estimated rebates to be collected are based on rebates invoiced to the pharmaceutical manufacturers.

- D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – On May 1, 2013, the Company executed an Asset Purchase Agreement with DC Chartered Health Plan (DC Chartered), whereby the Company acquired certain tangible and intangible assets in exchange for consideration of \$6,800,000. In accordance with statutory accounting guidance for business combinations, the consideration was allocated to the fair value of DC Chartered assets acquired and liabilities assumed, including identifiable intangible assets, resulting in negative goodwill of \$2,722,077. Such negative goodwill is amortized on a straight-line basis over the estimated useful life of ten years. The amortization adjustment relating to negative goodwill credited to surplus was \$272,208 for the years ended December 31, 2018 and 2017, which is reflected as a change in net unrealized capital gains on the accompanying statutory statements of changes in capital and surplus. The carrying value of negative goodwill totaling \$1,179,566 and \$1,451,774 at December 31, 2018 and 2017, respectively, has been reported as a contra asset on the accompanying statutory statements of admitted assets pursuant to Statement of Statutory Accounting Principles (SSAP) No. 68, *Business Combinations and Goodwill*.
- B. Statutory Merger
- (1) Name and brief description of the combined entities – None
 - (2) Method of accounting – None
 - (3) Shares of stock issued in the transaction – None
 - (4) Details of results of operations – None
 - (5) Adjustments recorded directly to surplus – None
- C. Assumption Reinsurance – None
- D. Impairment Loss recognized on Business Combinations and Goodwill – None

4. Discontinued Operations

- A. Discontinued Operations Disposed of or Classified as Held for Sale – None
- B. Change in Plan of Sale of Discontinued Operation – None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
- D. Equity Interest Retained in the Discontinued Operation After Disposal – None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities:
- (1) Prepayment assumptions – None
 - (2) Recognized Other-than-Temporary Impairment – None
 - (3) Present Value of Cash Flows – None
 - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
 - (a) The aggregate amount of unrealized losses – None
 - (b) The aggregate related fair value of securities with unrealized losses – None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low-income housing tax credits (LIHTC) – None

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Total Gross (Admitted and Nonadmitted) Restricted From Current Year	Total Gross (Admitted and Nonadmitted) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states	300,000	300,000	0	0	300,000	0.2	0.2
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$ 300,000	\$ 300,000	\$ 0	\$ 0	\$ 300,000	0.2%	0.2%

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
- (3) Detail of Other Restricted Assets – None
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None
- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. Structured Notes – None
- P. 5GI Securities – None
- Q. Short Sales – None
- R. Prepayment Penalty and Acceleration Fees – None

6. Joint Ventures, Partnerships and Limited Liability Companies
- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None
- B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

7. Investment Income
- A. Due and accrued income is excluded from surplus on the following bases:
All investment income due and accrued with amounts that are over 90 days past due.
- B. Total amount excluded was \$0.

8. Derivative Instruments
- A. Market risk, credit risk and cash requirements of the derivative instruments – None
- B. Objective for using derivative instruments – None
- C. Accounting policies for recognizing and measuring derivatives instruments used – None
- D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None
- E. Net gain or loss recognized for derivative instruments no longer qualifying for hedge accounting – None
- F. Derivative instruments accounted for as cash flow hedges – None

9. Income Taxes
- A. The components of the net Deferred Tax Asset (DTA)/Deferred Tax Liability(DTL) are as follows:

(1)

	12/31/2018		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Gross DTA	\$ 3,383,108	\$ 1,095,472	\$ 4,478,580
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross DTA			
(1a - 1b)	3,383,108	1,095,472	4,478,580
(d) DTA Nonadmitted	1,599,034	1,004,641	2,603,675
(e) Subtotal Net Admitted DTA			
(1c -1d)	1,784,074	90,831	1,874,905
(f) DTL	47,060	0	47,060
(g) Net Admitted DTA/(Net DTL)			
(1e - 1f)	\$ 1,737,014	\$ 90,831	\$ 1,827,845

	12/31/2017		
	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total
(a) Gross DTA	\$ 1,618,809	\$ 1,243,459	\$ 2,862,268
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross DTA			
(1a - 1b)	1,618,809	1,243,459	2,862,268
(d) DTA Nonadmitted	677,348	970,966	1,648,314
(e) Subtotal Net Admitted DTA			
(1c -1d)	941,461	272,493	1,213,954
(f) DTL	53,782	0	53,782
(g) Net Admitted DTA/(Net DTL)			
(1e - 1f)	\$ 887,679	\$ 272,493	\$ 1,160,172

	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross DTA	\$ 1,764,299	\$ (147,987)	\$ 1,616,312
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross DTA			
(1a - 1b)	1,764,299	(147,987)	1,616,312
(d) DTA Nonadmitted	921,686	33,675	955,361
(e) Subtotal Net Admitted DTA			
(1c -1d)	842,613	(181,662)	660,951
(f) DTL	(6,722)	0	(6,722)
(g) Net Admitted DTA/(Net DTL)			
(1e - 1f)	\$ 849,335	\$ (181,662)	\$ 667,673

(2) Admission Calculation Components SSAP No. 101:

	12/31/2018		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total
(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 1,737,014	\$ 90,831	\$ 1,827,845
(b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	0	0	0
(1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	0	0	0
(2) Adjusted Gross DTA Allowed per Limitation Threshold	XXX	XXX	4,225,249
(c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL	47,060	0	47,060
(d) DTA Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 1,784,074	\$ 90,831	\$ 1,874,905

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

12/31/2017			
(4)	(5)	(6)	
Ordinary	Capital	(Col 4+5) Total	
(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 783,396	\$ 181,662	\$ 965,058
(b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	..... 104,283	..... 90,831	..... 195,114
(1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	..... 104,283	..... 90,831	..... 195,114
(2) Adjusted Gross DTA Allowed per Limitation Threshold	..... XXX	..... XXX	..... 8,815,420
(c) Adjusted Gross DTA (Excluding The Amount Of DTA From 2(a) and 2(b) above) Offset by Gross DTL	..... 53,782	..... 0	..... 53,782
(d) DTA Admitted as the result of application of SSAP No. 101.			
Total 2(a) + 2(b) + 2(c)	\$ 941,461	\$ 272,493	\$ 1,213,954
Change			
(7)	(8)	(9)	
(Col 1-4) Ordinary	Capital	(Col 7+8) Total	
(a) Federal Income Taxes paid in Prior Years Recoverable Through Loss Carrybacks	\$ 953,618	\$ (90,831)	\$ 862,787
(b) Adjusted Gross DTA Expected to be realized (Excluding the Amount of DTA From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 below)	..... (104,283)	..... (90,831)	..... (195,114)
(1) Adjusted Gross DTA Expected to be Realized Following the Balance Sheet Date	..... (104,283)	..... 0	..... (195,114)
(2) Adjusted Gross DTA Allowed per Limitation Threshold	..... XXX	..... XXX	..... (4,590,171)
(c) Adjusted Gross DTA (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross DTL	..... (6,722)	..... 0	..... (6,722)
(d) DTA Admitted as the result of application of SSAP No. 101.			
Total 2(a) + 2(b) + 2(c)	\$ 842,613	\$ (181,662)	\$ 660,951
(3)			
	2018	2017	
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	..... 212%	..... 370%	
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 42,252,532	\$ 58,777,523	
(4) Impact of Tax Planning Strategies			
(a) Determination Of Adjusted Gross DTA and Net Admitted DTA, By Tax Character As A Percentage			
(1) Adjusted Gross DTAs amount from Note 9A1(c)	\$ 3,383,108	\$ 1,095,472	
(2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies			
(3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e)	\$ 1,784,074	\$ 90,831	
(4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies			
(1) Adjusted Gross DTAs amount from Note 9A1(c)	\$ 1,618,809	\$ 1,243,459	
(2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies			
(3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e)	\$ 941,461	\$ 272,493	
(4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies			
(1) Adjusted Gross DTAs amount from Note 9A1(c)	\$ 1,764,299	\$ (147,987)	
(2) Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies			
(3) Net Admitted Adjusted Gross DTA amount from Note 9A1(e)	\$ 842,613	\$ (181,662)	
(4) Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies			
(b) Does the company's tax-planning strategies include the use of reinsurance?	Yes _____	No <u>X</u> ____	
B. There are no temporary differences for which DTL are not recognized.			
C. Current income taxes incurred consist of the following major components:			
(1) Current Income Tax			
(a) Federal	\$ (725,437)	\$ 11,572,172	\$ (12,297,609)
(b) Foreign	..... 0	..... 0	..... 0
(c) Subtotal	..... (725,437)	..... 11,572,172	..... (12,297,609)
(d) Federal income tax on net capital gains	..... 0	..... 0	..... 0
(e) Utilization of capital loss carry-forwards	..... 0	..... 0	..... 0
(f) Other	..... 0	..... 0	..... 0
(g) Federal and foreign income taxes incurred	\$ (725,437)	\$ 11,572,172	\$ (12,297,609)
(2) DTA:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 256,931	\$ 156,796	\$ 100,135
(2) Unearned premium reserve	..... 0	..... 0	..... 0
(3) Policyholder reserves	..... 0	..... 0	..... 0
(4) Investments	..... 0	..... 0	..... 0
(5) Deferred acquisition costs	..... 921,089	..... 1,019,778	..... (98,689)
(6) Policyholder dividends accrual	..... 0	..... 0	..... 0
(7) Fixed assets	..... 93602	..... 16,978	..... 76,624
(8) Compensation and benefits accrual	..... 0	..... 0	..... 0
(9) Premium Deficiency Reserve	..... 231,000	..... 0	..... 231,000
(10) Receivables – nonadmitted	..... 1,880,486	..... 419,482	..... 1,461,004
(11) Net operating loss carry-forward	..... 0	..... 0	..... 0
(12) Tax credit carry-forward	..... 0	..... 0	..... 0
(13) Other (including items <5% of total ordinary tax assets)	..... 0	..... 5,775	..... (5,775)
(99) Subtotal	\$ 3,383,108	\$ 1,618,809	\$ 1,764,299
(b) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(c) Nonadmitted	\$ 1,599,034	\$ 677,348	\$ 921,686
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 1,784,074	\$ 941,461	\$ 842,613
(e) Capital:			
(1) Investments	\$ 1,095,472	\$ 1,243,459	\$ (147,987)
(2) Net capital loss carry-forward	..... 0	..... 0	..... 0
(3) Real estate	..... 0	..... 0	..... 0
(4) Other (including items <5% of total capital tax assets)	..... 0	..... 0	..... 0
(99) Subtotal	\$ 1,095,472	\$ 1,243,459	\$ (147,987)
(f) Statutory valuation allowance adjustment	\$ 0	\$ 0	\$ 0
(g) Nonadmitted	\$ 1,004,641	\$ 970,966	\$ 33,675
(h) Admitted capital DTA (2e99 - 2f - 2g)	\$ 90,831	\$ 272,493	\$ (181,662)
(i) Admitted DTA (2d + 2h)	\$ 1,874,905	\$ 1,213,954	\$ 660,951

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

	(1) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
(3) DTL:			
(a) Ordinary			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Fixed assets	..... 0	..... 0	..... 0
(3) Deferred and uncollected premium	..... 0	..... 0	..... 0
(4) Policyholder reserves	..... 0	..... 0	..... 0
(5) Other (including items <5% of total ordinary tax liabilities)	..... 47,060	..... 53,782	..... (6,722)
(99) Subtotal	\$ 47,060	\$ 53,782	\$ (6,722)
(b) Capital:			
(1) Investments	\$ 0	\$ 0	\$ 0
(2) Real estate	..... 0	..... 0	..... 0
(3) Other (including items <5% of total capital tax liabilities)	..... 0	..... 0	..... 0
(99) Subtotal	\$ 0	\$ 0	\$ 0
(c) DTL (3a99 + 3b99)	\$ 47,060	\$ 53,782	\$ (6,722)
(4) Net deferred tax assets/liabilities (2i - 3c)	\$ 1,827,845	\$ 1,160,172	\$ 667,673
D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying federal statutory rate to (loss) income before income taxes as follows:			
	12/31/2018	12/31/2017	
Current income tax (benefit) expense incurred	\$ (725,437)	\$ 11,572,172	
Change in deferred income tax (without tax on unrealized gains and losses)	..... (1,623,027)	..... 2,271,788	
Total income tax (benefit) expense reported	..... (2,348,464)	..... 13,843,960	
(Loss) income before taxes	..... (15,882,392)	..... 32,634,628	
Statutory Tax Rate	..... 21%	..... 35%	
Expected income tax expense at statutory tax rate	..... (3,335,302)	..... 11,422,120	
Increase (decrease) in actual tax reported resulting from:			
a. Nondeductible expenses for meals and entertainment	..... 4,439	..... 12,201	
b. Change in deferred taxes on nonadmitted assets	..... (1,205,474)	..... 376,039	
c. Affordable Care Act (ACA) assessment	..... 2,130,415	..... 0	
d. Other – rounding/tax exempt income	..... 57,458	..... 161,277	
e. Effect of new tax law	..... 0	..... 1,872,322	
Total income tax expense reported	\$ (2,348,464)	\$ 13,843,960	
E. Operating loss carry-forward			
1. As of December 31, 2018 there was \$0 net operating loss carryforward available for tax purposes.			
2. The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:			
	<u>Ordinary</u>	<u>Capital</u>	
2018	\$ 0	\$ 0	
2017	\$ 11,449,000	\$ 0	
3. The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code – None			
F. The Company's federal income tax return is consolidated with the following entities: AMHP Holdings Corp (Holdings), Select Health of South Carolina, Inc., AmeriHealth Caritas Iowa, Inc., Community Behavioral HealthCare Network of Pennsylvania, Inc., CBHNP Services, Inc., AmeriHealth Caritas Louisiana, Inc., AmeriHealth Michigan, Inc., AmeriHealth Caritas Delaware, Inc. AmeriHealth Caritas Texas, Inc., AmeriHealth Caritas Kansas, Inc.			
The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with a credit for current losses pursuant to the terms of the tax sharing agreement.			
G. Federal or foreign income tax loss contingencies – None			
10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties			
A.,B.. Material related party transactions – The Company paid an ordinary dividend in the amount of \$5,900,000 to Holdings during 2018. The Company received capital contribution of \$10,000,000 from Holdings during 2018.			
D. At December 31, 2018, the Company reported the below amounts due to related parties:			
(1) AmeriHealth Caritas Services, LLC (ACS)	\$2,117,186		
(2) PerformRx, LLC (PerformRx)	\$325,958		
E. Parental guarantees – None			
F. Material management or service arrangements:			
(1) The Company maintains a Management and Administrative Services Agreement with ACS, an affiliated company.			
(2) The Company maintains a Staffing Services Agreement (Agreement) with ACS for an initial term of five years, with an automatic annual renewal thereafter unless terminated by either party pursuant to the Agreement. In connection with the Agreement, ACS furnishes to the Company employees necessary to carry out the business operations of the Company.			
(3) PerformRx, a wholly owned subsidiary of AmeriHealth Caritas Health Plan (ACHP), provides pharmacy benefit management (PBM) services to the Company.			
(4) PerformSpecialty, LLC (PerformSpecialty), a wholly owned subsidiary of PerformRx, supplies specialty pharmacy drugs to the Company. Amount due to PerformSpecialty is included in claims unpaid on pg. 3 of the annual statement.			
G. The Company is an indirect wholly owned subsidiary of ACHP. ACHP is a Pennsylvania partnership formed to develop and operate managed care business for Medicaid and Medicare enrollees.			
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None			
I. Investments in an SCA entity that exceed 10% of admitted assets – None			
J. Write-downs for impaired investments in SCA entities – None			
K. Investment in foreign subsidiary calculation – None			
L. Investment in a downstream noninsurance holding company – None			
M. All SCA Investments			
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None			
(2) NAIC filing response information – None			
N. Investment in Insurance SCAs – None			
O. SCA Loss Tracking – None			
11. Debt			
A. Capital Notes – None			
B. Federal Home Loan Bank (FHLB) Agreements – None			
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans			
A. Defined Benefit Plan – None			
B.,C. Postretirement Plan Asset – None			
D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None			
E. Defined Contribution Plans – None			
F. Multiemployer Plans – None			
G. Consolidated/Holding Company Plans – None			
H. Postemployment Benefits and Compensated Absences – None			
I. Impact of Medicare Modernization Act on Postretirement Benefits – None			
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations			
A. Common Capital stock outstanding – The Company has 100 shares authorized, 100 shares issued and outstanding with par value of \$1.			
B. Preferred stock – None			
C. Dividend restrictions – Pursuant to District of Columbia Statute § 31-706, the insurer's surplus as regards policyholders following any dividends or distributions to shareholder affiliates shall be reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs.			
D. Dates and amounts of dividends paid – September 18, 2018 in the amount of \$5,900,000.			
E. Stockholder's portion of ordinary dividend from profits – \$5,900,000			
F. Restrictions placed on unassigned funds (surplus) –None			
G. The total amount of advances to surplus not repaid – None			
H. The amount of stock held by the Company for special purposes – None			
I. Changes in balances of special surplus funds from the prior year – On January 22, 2018, the Continuing Appropriations Act of 2018 placed a moratorium on the Affordable Care Act (ACA) assessment, suspending collection of the health insurance fee for the 2019 calendar year (2018 data year). Thus, premiums written during 2018 are not subject to this assessment and segregation of special surplus is not required. As of December 31, 2018, the change in balance of special surplus funds from the prior year was \$9,502,858.			
J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses, including those related to negative Goodwill, are \$(1,542,543).			
K. Surplus notes – None			
L. Impact of any restatement due to quasi-reorganization – None			
M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None			
14. Liabilities, Contingencies and Assessments			
A. Contingent Commitments – None.			
B. Assessments – None			
C. Gain Contingencies – None			
D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None			
E. Joint and Several Liabilities – None			
F. All Other Contingencies – None			

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

15. Leases
- A. Lessee Operating Leases

(1) The Company is party to several noncancelable operating leases, primarily for office space and equipment, expiring between March 31, 2018 and May 31, 2023. Rental expense for 2018 and 2017 was \$2,623,450 and \$1,565,634, respectively.

(2) At December 31, 2018, the minimum aggregate rental commitments are as follow:

	Year Ending	
	December 31	Operating Leases
1.	2019	\$ 1,895,289
2.	2020	\$ 1,893,125
3.	2021	\$ 1,940,453
4.	2022	\$ 1,988,965
5.	2023 and thereafter	\$ 837,244
6.	Total	\$ 8,555,076

(3) The company is not involved in any material sales – leaseback transactions.

B. Lessor Leases

(1) Operating Leases – None

(2) Leveraged Leases – None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk
- A. The face, contract or notional principle amount – None

B. The nature and terms of the contract – None

C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None

D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
- A. Transfers of Receivables reported as Sales – None

B. Transfer and Servicing of Financial Assets – None

C. Wash Sales – None
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
- A. ASO Plans – None

B. ASC Plans – None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None
20. Fair Value Measurements
- A.,B. Fair value measurement at reporting date

(1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None

(3) Transfers in and/or out of Level 3 – None

(4) Fair value measurements categorized within Level 2 and 3 – None

C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None

D. Not practicable to estimate Fair Value – None

E. Investments measured using the NAV practical expedient – None
21. Other Items
- A. Unusual or Infrequent Items – None

B. Troubled Debt Restructuring: Debtors – None

C. Other Disclosures – None

D. Business Interruption Insurance Recoveries – None

E. State Transferable and Non-transferable Tax Credits – None

F. Subprime-Mortgage-Related Risk Exposure – None

G. Retained Assets – None

H. Insurance-Linked Securities (ILS) Contracts – None
22. Events Subsequent
- Type 1 – Recognized subsequent events – None

Type 2 – Nonrecognized subsequent events

Subsequent events have been considered through March 1, 2019 for the statutory statement year ending December 31, 2018.

The Company is subject to an annual fee under section 9010 of the Federal ACA. This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. On January 22, 2018, the Consolidated Appropriations Act of 2018 placed a moratorium on the ACA assessment, suspending collection of the health insurance fee for the 2019 calendar year (2018 data year). Thus, premiums written during 2018 are not subject to this assessment and segregation of special surplus is not required at December 31, 2018.

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ 0	\$ 9,502,858
C. ACA fee assessment paid	..... 10,144,831	..... 0
D. Premium written subject to ACA 9010 assessment	..... 0	\$ 507,178,501
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	.....44,080,377	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	..... 44,080,377	
G. Authorized Control Level (Five-Year Historical Line 15)	..... 19,910,711	
H. Would reporting the ACA assessment as of December. 31, 2018 have triggered an RBC action level (YES/NO)?	.....No	
A. ACA fee assessment payable	\$0	
B. Assessment expected to impact RBC	%0	

23. Reinsurance
- A. Ceded Reinsurance Report – None

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
- A. Accrued retrospective premium adjustments – None

B. Accrued retrospective premium as an adjustment to earned premium – None

C. The amount of net premium written that are subject to retrospective rating features – None

D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None

E. Risk- Sharing Provisions of the ACA – None

25. Change in Incurred Claims and Claim Adjustment Expenses
- Reserves as of December 31, 2017 were \$67,932,761 for incurred claims and claim adjustment expenses. As of December 31, 2018, \$50,842,352 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,649,469 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$15,440,940 during 2018 for the year ended December 31, 2017. The favorable reserves developments are attributable to claims settled for amounts less than originally estimated, primarily due to lower health care cost trends as well as the actual claim submission time being faster than assumed in establishing the accrued medical expenses in the prior year. These adjustments are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables
- A. Pharmaceutical Rebate Receivables – As discussed in note 10, PerformRx provides PBM services to the Company. PerformRx maintains the contractual arrangements with the drug manufacturers for rebates that cover the Company's membership. The Company receives those rebates collected by PerformRx relating to the Company's membership on a quarterly basis pursuant to the agreement. In accordance with SSAP No. 84, *Health Care and Government Insured Plan Receivables*, pharmacy rebate receivable of \$1,735,223 and \$895,642 at December 31, 2018 and 2017, respectively, were nonadmitted.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

Quarter ended	Estimated pharmacy rebates as reported on financial statements	Pharmacy rebates as billed or otherwise confirmed	Actual rebates received within 90 days of billing	Actual rebates received within 91 to 180 days of billing	Actual rebates received more than 180 days after billing
12/31/2018	\$ 914,898	\$ 949,323	\$ 0	\$ 0	\$ 0
09/30/2018	\$ 867,000	\$ 887,336	\$ 0	\$ 0	\$ 0
06/30/2018	\$ 806,000	\$ 874,072	\$ 9,722	\$ 0	\$ 0
03/31/2018	\$ 819,000	\$ 812,096	\$ 26,151	\$ 774,874	\$ 0
12/31/2017	\$ 891,101	\$ 825,662	\$ 44,530	\$ 774,638	\$ 2,222
09/30/2017	\$ 857,000	\$ 849,297	\$ 8,358	\$ 570,474	\$ 251,732
06/30/2017	\$ 806,000	\$ 858,474	\$ 19,711	\$ 771,067	\$ 42,093
03/31/2017	\$ 715,000	\$ 807,697	\$ 531	\$ 797,594	\$ 7,429
12/31/2016	\$ 806,693	\$ 716,423	\$ 0	\$ 712,160	\$ (248)
09/30/2016	\$ 667,000	\$ 794,435	\$ 9,267	\$ 737,747	\$ 45,875
06/30/2016	\$ 550,000	\$ 701,916	\$ 7	\$ 700,304	\$ 22,013
03/30/2016	\$ 604,000	\$ 579,345	\$ 0	\$ 573,698	\$ 4,378

B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves – None
(1) Liability carried for premium deficiency reserves \$1,100,000
(2) Date of the most recent evaluation of this liability December 31, 2018
(3) Was anticipated investment income utilized in the calculation? Yes ___ No __X__

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐
- 1.3

State Regulating? District of Columbia.....
- 1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒
- 1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2016
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2016
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....03/19/2018
- 3.4

By what department or departments? Pennsylvania Insurance Department.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes ☐ No ☒
- 4.12 renewals?

Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes ☐ No ☒
- 4.22 renewals?

Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- If yes, complete and file the merger history data file with the NAIC.
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....
.....

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,
- 7.21 State the percentage of foreign control

.....0.0 %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG, 1601 Market Street, Philadelphia, PA 19103.....
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
10.2 If the response to 10.1 is yes, provide information related to this exemption:
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
10.4 If the response to 10.3 is yes, provide information related to this exemption:
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Omar Haq, Vice President, Actuarial Services, Amerihealth Caritas Health Plan, 100 Stevens Drive, Philadelphia PA 19113, employee of the holding company system.....
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
12.11 Name of real estate holding company
12.12 Number of parcels involved0
12.13 Total book/adjusted carrying value \$.....
12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.
14.11 If the response to 14.1 is no, please explain:
14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
14.21 If the response to 14.2 is yes, provide information related to amendment(s)
14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.103 Total payable for securities lending reported on the liability page \$.....0

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements

25.22 Subject to reverse repurchase agreements

25.23 Subject to dollar repurchase agreements

25.24 Subject to reverse dollar repurchase agreements

25.25 Placed under option agreements

25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

25.27 FHLB Capital Stock

25.28 On deposit with states

25.29 On deposit with other regulatory bodies

25.30 Pledged as collateral – excluding collateral pledged to an FHLB

25.31 Pledged as collateral to FHLB – including assets backing funding agreements

25.32 Other

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

300,000

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian’s Address
Bank of New York Mellon	4400 Computer Drive, Westborough, MA 01581
PNC Bank	One Financial Parkway, Kalamazoo, MI 49009

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Michael Burgoyne, who makes recommendations to BOD.....	I.....
Western Asset Management Company.....	U.....
.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
CRD 110441.....	Western Asset Management Company.....	.....	SEC.....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	37,316,571	37,316,817	246
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	37,316,571	37,316,817	246

30.4 Describe the sources or methods utilized in determining the fair values:

IDC's bond pricing service is used to determine the fair value of bonds. For short-term investments cost approximates fair value due to the short-term nature of these investments.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b.Issuer or obligor is current on all contracted interest and principal payments.
c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?

Yes [☐] No [☐]
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities?

Yes [☐] No [☐]

OTHER

- 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$239,112
- 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 36.1 Amount of payments for legal expenses, if any?

\$239,112
- 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Epstein Becker Green.....	\$.....228,717

- 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$
- 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only.

\$0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$0

1.62 Total incurred claims

\$0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$0

1.65 Total incurred claims

\$0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$0

1.72 Total incurred claims

\$0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$0

1.75 Total incurred claims

\$0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$563,484,513	\$	.....507,178,501
2.2	Premium Denominator	\$563,484,513	\$	.....507,178,501
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$64,420,013	\$	.....67,272,324
2.5	Reserve Denominator	\$64,420,013	\$	.....67,272,324
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:

AmeriHealth Caritas District of Columbia, Inc. is an established Plan with over 122,000 covered lives.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental and Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

All providers have executed hold-harmless agreements for continuation of services.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....6,576

8.2 Number of providers at end of reporting year

.....6,505

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$.....

10.22 Amount actually paid for year bonuses\$.....

10.23 Maximum amount payable withholds\$.....

10.24 Amount actually paid for year withholds\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [] No [X]

11.13 An Individual Practice Association (IPA), or,

Yes [X] No []

11.14 A Mixed Model (combination of above) ?

Yes [] No [X]

Yes [X] No []

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

District of Columbia.....

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

\$.....39,276,572

11.4 If yes, show the amount required.

Yes [] No [X]

11.5 Is this amount included as part of a contingency reserve in stockholder’s equity?

8% of health care expenditures plus 4% of hospital expenditures - \$487,178,255 x 8% + \$7,557,791 x 4% = \$39,276,572

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:
- | 1 |
|---------------------------|
| Name of Service Area |
| District of Columbia..... |
| |
| |
| |
- 13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....

13.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes [] No [N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:
- | 1 | 2 | 3 | 4 | Assets Supporting Reserve Credit | | |
|--------------|-------------------|--------------------------|----------------|----------------------------------|------------------|-------|
| | | | | 5 | 6 | 7 |
| Company Name | NAIC Company Code | Domiciliary Jurisdiction | Reserve Credit | Letters of Credit | Trust Agreements | Other |
| | | | | | | |
15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded)\$.....

15.2 Total incurred claims\$.....

15.3 Number of covered lives.....
- | *Ordinary Life Insurance Includes |
|---|
| Term (whether full underwriting, limited underwriting, jet issue, “short form app”) |
| Whole Life (whether full underwriting, limited underwriting, jet issue, “short form app”) |
| Variable Life (with or without Secondary Guarantee) |
| Universal Life (with or without Secondary Guarantee) |
| Variable Universal Life (with or without Secondary Guarantee) |
16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No [X]
- 28.1

FIVE - YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	127,251,010	145,181,966	155,093,095	142,921,405	115,532,837
2. Total liabilities (Page 3, Line 24)	83,170,633	85,244,271	82,894,496	86,719,596	70,458,335
3. Statutory minimum capital and surplus requirement	39,276,572	32,181,885	30,789,891	28,874,205	26,765,903
4. Total capital and surplus (Page 3, Line 33)	44,080,377	59,937,695	72,198,599	56,201,809	45,074,502
Income Statement (Page 4)					
5. Total revenues (Line 8)	563,484,513	507,178,501	493,917,405	477,327,420	447,017,854
6. Total medical and hospital expenses (Line 18)	490,783,735	406,548,596	387,346,820	385,406,948	351,415,550
7. Claims adjustment expenses (Line 20)	21,966,351	18,511,695	18,234,558	20,875,045	18,267,188
8. Total administrative expenses (Line 21)	67,861,994	50,938,321	54,282,490	51,536,309	51,095,033
9. Net underwriting gain (loss) (Line 24)	(18,227,567)	31,179,889	34,053,537	19,509,118	26,240,083
10. Net investment gain (loss) (Line 27)	2,345,175	1,454,739	235,388	13,549	29,192
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(15,156,955)	21,062,456	19,193,925	9,525,012	16,406,529
Cash Flow (Page 6)					
13. Net cash from operations (Line 11).....	(24,373,989)	15,684,585	18,375,300	27,102,351	16,019,890
Risk-Based Capital Analysis					
14. Total adjusted capital.....	44,080,377	59,937,695	72,198,599	56,201,809	45,074,502
15. Authorized control level risk-based capital.....	19,910,711	15,993,199	15,153,235	15,061,451	13,551,870
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	122,878	117,320	104,048	105,919	112,048
17. Total members months (Column 6, Line 7)	1,445,720	1,315,484	1,258,632	1,293,059	1,304,374
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	87.1	80.2	78.4	80.7	78.6
20. Cost containment expenses	3.1	3.0	2.5	2.9	2.4
21. Other claims adjustment expenses	0.8	0.7	1.2	1.5	1.7
22. Total underwriting deductions (Line 23)	103.2	93.9	93.1	95.9	94.1
23. Total underwriting gain (loss) (Line 24)	(3.2)	6.1	6.9	4.1	5.9
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	51,831,384	44,322,256	59,238,995	51,287,482	36,008,130
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	67,272,324	66,741,008	69,702,620	50,977,833	44,245,663
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.....Yes [] No []

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

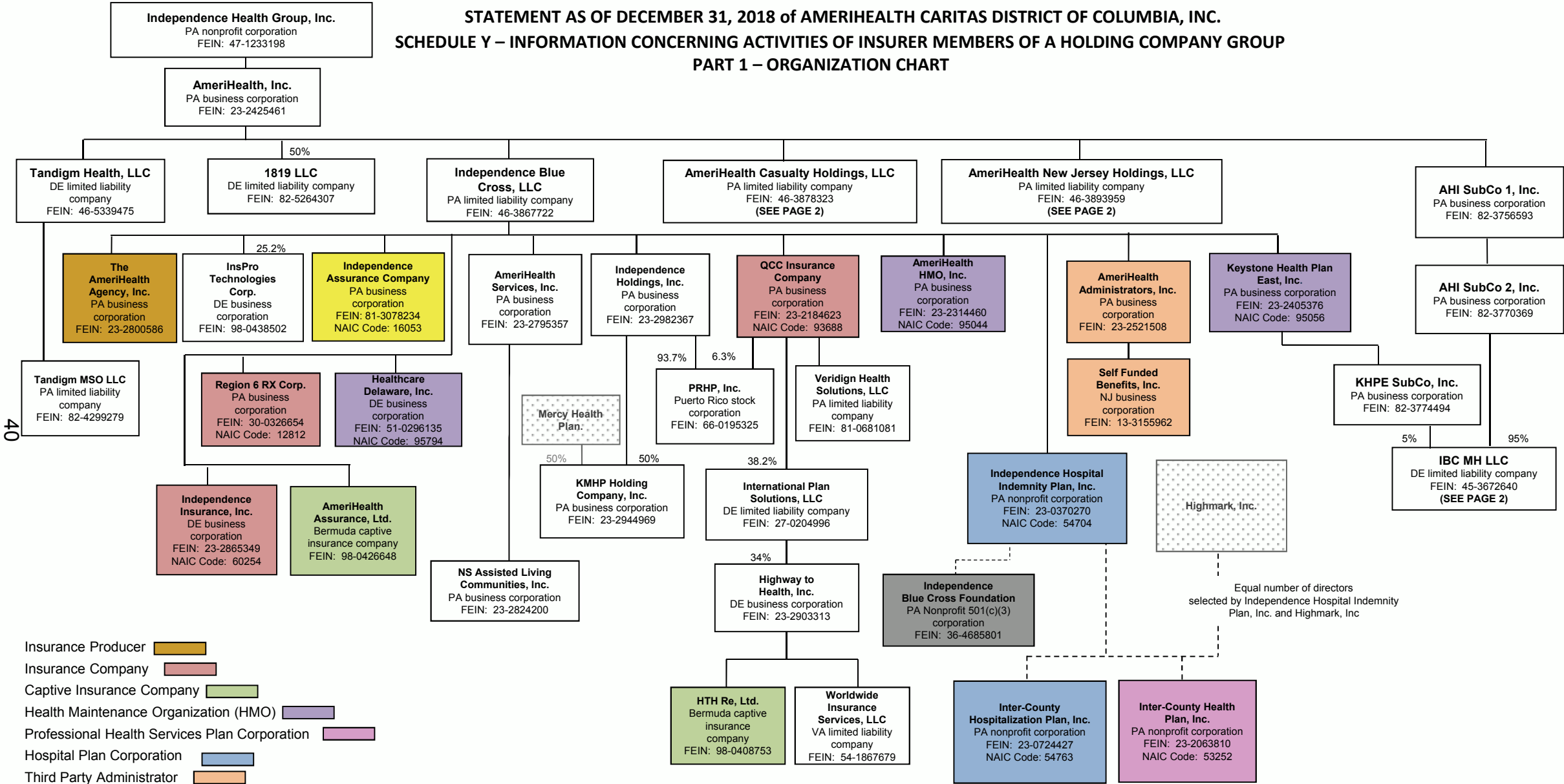
Allocated by States and Territories

			1	Direct Business Only							
				2	3	4	5	6	7	8	9
State, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N							0	0
2.	Alaska	AK	N							0	0
3.	Arizona	AZ	N							0	0
4.	Arkansas	AR	N							0	0
5.	California	CA	N							0	0
6.	Colorado	CO	N							0	0
7.	Connecticut	CT	N							0	0
8.	Delaware	DE	N							0	0
9.	District of Columbia	DC	L	37,584,166		525,900,347				563,484,513	0
10.	Florida	FL	N							0	0
11.	Georgia	GA	N							0	0
12.	Hawaii	HI	N							0	0
13.	Idaho	ID	N							0	0
14.	Illinois	IL	N							0	0
15.	Indiana	IN	N							0	0
16.	Iowa	IA	N							0	0
17.	Kansas	KS	N							0	0
18.	Kentucky	KY	N							0	0
19.	Louisiana	LA	N							0	0
20.	Maine	ME	N							0	0
21.	Maryland	MD	N							0	0
22.	Massachusetts	MA	N							0	0
23.	Michigan	MI	N							0	0
24.	Minnesota	MN	N							0	0
25.	Mississippi	MS	N							0	0
26.	Missouri	MO	N							0	0
27.	Montana	MT	N							0	0
28.	Nebraska	NE	N							0	0
29.	Nevada	NV	N							0	0
30.	New Hampshire	NH	N							0	0
31.	New Jersey	NJ	N							0	0
32.	New Mexico	NM	N							0	0
33.	New York	NY	N							0	0
34.	North Carolina	NC	N							0	0
35.	North Dakota	ND	N							0	0
36.	Ohio	OH	N							0	0
37.	Oklahoma	OK	N							0	0
38.	Oregon	OR	N							0	0
39.	Pennsylvania	PA	N							0	0
40.	Rhode Island	RI	N							0	0
41.	South Carolina	SC	N							0	0
42.	South Dakota	SD	N							0	0
43.	Tennessee	TN	N							0	0
44.	Texas	TX	N							0	0
45.	Utah	UT	N							0	0
46.	Vermont	VT	N							0	0
47.	Virginia	VA	N							0	0
48.	Washington	WA	N							0	0
49.	West Virginia	WV	N							0	0
50.	Wisconsin	WI	N							0	0
51.	Wyoming	WY	N							0	0
52.	American Samoa	AS	N							0	0
53.	Guam	GU	N							0	0
54.	Puerto Rico	PR	N							0	0
55.	U.S. Virgin Islands	VI	N							0	0
56.	Northern Mariana Islands	MP	N							0	0
57.	Canada	CAN	N							0	0
58.	Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	37,584,166	0	525,900,347	0	0	0	563,484,513	0
60.	Reporting entity contributions for Employee Benefit Plans		XXX							0	
61.	Total (Direct Business)		XXX	37,584,166	0	525,900,347	0	0	0	563,484,513	0
DETAILS OF WRITE-INS											
58001.			XXX								
58002.			XXX								
58003.			XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

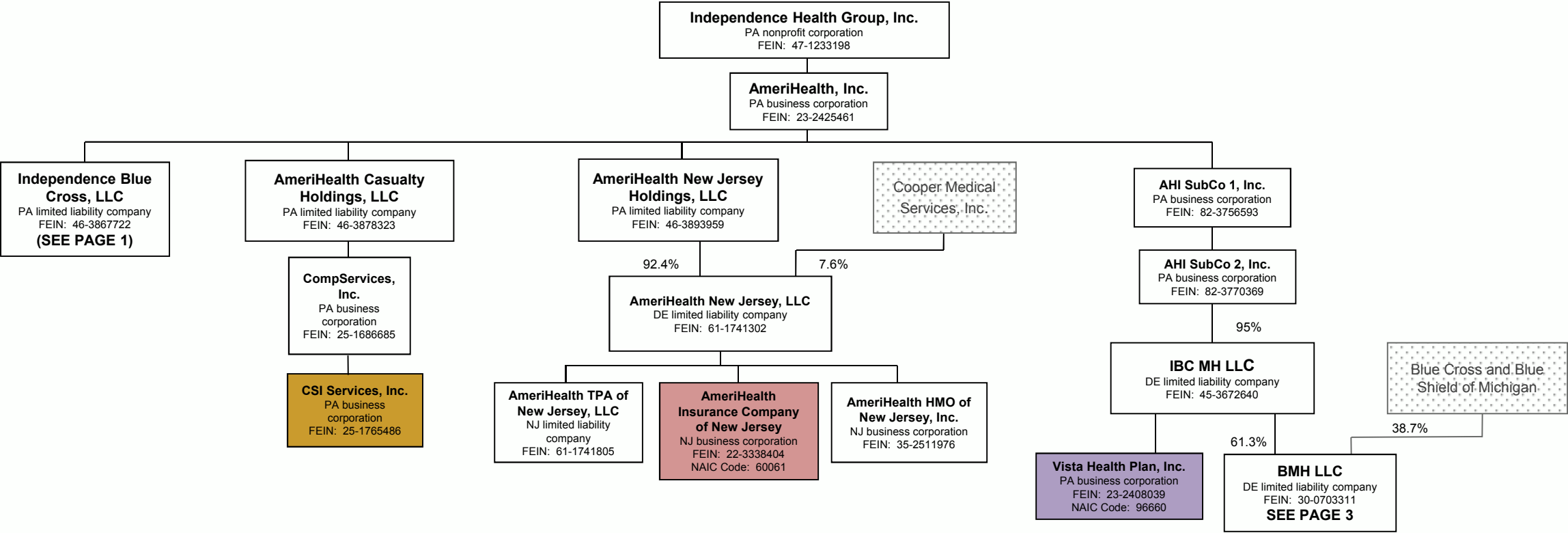
(a) Active Status Counts
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1 R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0 Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write business in the state lines in the state 56

(b) Explanation of basis of allocation of premiums by states, etc.
The Company has business in the Government of the District of Columbia only.

STATEMENT AS OF DECEMBER 31, 2018 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

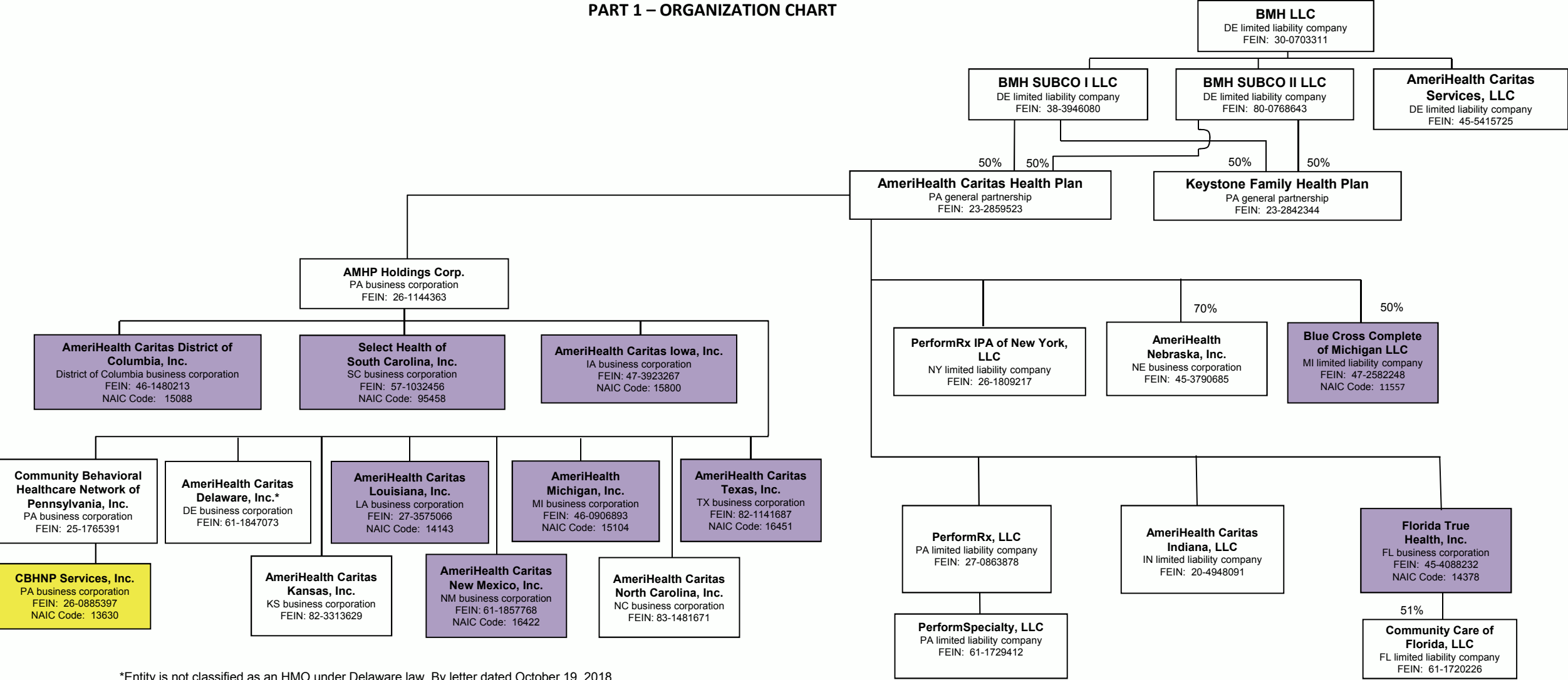


STATEMENT AS OF DECEMBER 31, 2018 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



STATEMENT AS OF DECEMBER 31, 2018 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

40.2



*Entity is not classified as an HMO under Delaware law. By letter dated October 19, 2018, entity has been certified by the Delaware Department of Health and Social Services to serve State Medicaid clients effective January 1, 2018.

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